

SECTION 1

MO HealthNet PROGRAM RESOURCES

Informational Resources available at <http://www.dss.mo.gov/mhd>

CONTACTING MO HEALTHNET

The following phone numbers are available for MO HealthNet providers to call.

Provider Services	Phone Number
Provider Communications	573-751-2896
Interactive Voice Response (IVR)	573-635-8908
Provider Education Unit	573-751-6683
Third Party Liability Unit	573-751-2005
Psychology Prior Authorization Help Desk	1-866-771-3350
Inpatient Hospital Admission Certification	1-800-766-0686
Pharmacy and Clinical Services	573-751-6963
Pharmacy and MO HealthNet Precertification Help Desk	1-800-392-8030
Infocrossing HealthCare Services Help Desk	573-635-3559
MoRx	573-751-6963

Provider Communications

Providers can contact Provider Communications Unit with provider inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

The Provider Communications Unit also process written inquiries. Written inquiries should be sent to:

Provider Communications Unit
P.O. Box 5500
Jefferson City, Missouri 65102

Interactive Voice Response (IVR)

Providers can call the interactive voice response system that can answer questions regarding matters including participant eligibility, last two check amounts, and claim status. Providers must use a touchtone phone to access the system.

Provider Education

Provider Education Unit is available to educate providers and other groups on proper billing methods and procedures for MO HealthNet claims. Contact the Unit for training information and scheduling.

The Provider Education Unit responds to educational inquiries. These inquiries should be mailed to:

Provider Education Unit
MO HealthNet Division
P.O. Box 6500
Jefferson City, Missouri 65102

MO HealthNet Division physical address is:

MO HealthNet Division
615 Howerton Court
Jefferson City, MO 65109

Third Party Liability

Call the Third Party Liability Unit to report injuries sustained by MO HealthNet participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a MO HealthNet participant.

Psychology Prior Authorization Help Desk

Providers may call the Psychology Prior Authorization (PA) Help Desk to request an initial PA, and obtain information on making changes to an existing PA, or on closing an existing PA.

Pharmacy and Medical Precertification

MO HEALTHNET EXCEPTIONS AND DRUG PRIOR AUTHORIZATION HOTLINE 800/392-8030

Providers can call this toll free number to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the MO HealthNet program, or to request a drug prior authorization. The MO HealthNet exceptions fax line for non-emergency requests only is 573/636-6470.

INFOCROSSING HEALTHCARE SERVICES HELP DESK

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements, and assistance with the Infocrossing Internet billing service.

MORx

The Missouri Rx Plan (MoRx) is a secondary payer after any Medicare Part D Plan. MoRx pays 50% of members' out-of-pocket costs remaining after using their Medicare Prescription Drug plan.

PROVIDER ENROLLMENT

Providers must contact the Provider Enrollment via E-mail as follows for questions regarding enrollment applications or updates to their current provider record: providerenrollment@dss.mo.gov. The Provider Enrollment Unit corresponds by E-mail only.

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare number must be submitted in writing.

Provider Enrollment Unit
MO HealthNet Division
P.O. Box 6500
Jefferson City, Missouri 65102

Participant Resources	Phone Number
Participant Services Unit	1-800-392-2161
	573-751-6527
Premium Collections Unit	1-877-888-2811
MORx	1-800-375-1406

**HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT (HIPAA) INFORMATION**

Billing providers who want to exchange electronic information transactions with MO HealthNet can access the *HIPAA – EDI Companion Guide* online by going to the MO HealthNet Division Web page at <http://www.dss.mo.gov/mhd/providers/index.htm>. On the Provider Participation page, click on the HIPAA-EDI Companion Guide link in the column on the left hand side of the page. This will take you directly to the EDI Companion Guide and X12N Version 4010A1 Companion Guide links.

For information on the MO HealthNet Trading Partner Agreement, click on the link to Section 1-Getting Started, then select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

INTERACTIVE VOICE RESPONSE (IVR) 573/635-8908

The Provider Communications Unit Interactive Voice Response (IVR) system, 573/635-8908, requires a touchtone phone. The ten digit National Provider Identifier (NPI) **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

Option 1 Participant Eligibility

Participant eligibility **must** be verified **each** time a participant presents and should be verified **prior** to the service. Eligibility information can be obtained by a participant's MO HealthNet number (DCN), social security number and date of birth; or if a newborn, using the mother's MO HealthNet number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.

Option 2 Last Two Check Amounts

Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.

Option 3 Claim Status

After entering the participant's MO HealthNet number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

INTERNET SERVICES FOR MO HEALTHNET PROVIDERS

The MO HealthNet Division (MHD), in cooperation with Infocrossing Healthcare Services, has an Internet service for MO HealthNet providers. MO HealthNet providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify participant eligibility;
- Obtain remittance advices (RAs);
- Submit adjustments;
- Submit attachments;
- View claim, attachment and prior authorization (PA) status; and
- View and download public files.

The Web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the Web site services. To participate in the service, the provider must apply on-line at www.dss.mo.gov/mhd/providers/index.htm. Each user is required to complete this on-line application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID, and password. Once the user ID and password have been received, the user can begin using the www.emomed.com Web site. The password can be changed to one of the user's own choice.

Questions regarding the completion of the on-line Internet application should be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.

This Web site, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper Web browser. The provider must have one of the following Web browsers: Internet Explorer 6.0 or higher or Netscape 7.0 or higher. It is strongly recommended that users update and utilize the most recent versions of either of these browser programs. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING PARTICIPANT ELIGIBILITY THROUGH THE INTERNET

Providers can access MO HealthNet participant eligibility files via the Web site. Functions include eligibility verification by participant ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MO HEALTHNET CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- < 837 - Health Care Claim
 - Professional
 - Dental
 - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- < Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

NOTE: Currently, some claims cannot be submitted electronically if an attachment is required unless the attachment is one of the following that can be submitted via the Infocrossing Internet service: Sterilization Consent, Second Surgical Opinion, and Acknowledgment of the Receipt of Hysterectomy Information or the PI 118 Referral (Lock-In) forms, Certificate of Medical Necessity or the Invoice of Cost.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET

The MO HealthNet program phased out the mailing of paper Remittance Advices (RAs). Providers no longer receive both paper and electronic RAs. If the provider or the provider's billing service currently receive an electronic RA, (either via the emomed.com Internet Web site or other method), paper copies of the RA were discontinued. All

providers and billers must have Internet access to obtain the printable electronic RA via the Infocrossing Internet service, emomed.com.

Receiving the RA via the Internet is beneficial to the provider's or biller's operation. With the new Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle (two weeks sooner than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider's or biller's operating system for retrieval at a later date.

The Internet RA is viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user's convenience.

To sign up for this service, see the instructions at the beginning of this information on Internet services. If a provider does not have access to the Internet, contact the Infocrossing help desk, (573) 635-3559, to learn how to obtain a paper remittance.

ADJUSTMENTS THROUGH THE INTERNET

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 - Replacement (Adjustment) or an 8 - Void (Credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET

Several public files are available for viewing or downloading from the Web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of HIPAA related claim codes and other HIPAA related codes.

SUBMIT ATTACHMENTS AND FORMS THROUGH THE INTERNET

Providers can submit required attachments and forms via the Internet as an option to mailing paper versions to MO HealthNet. A paper copy of any attachment or form submitted via the Internet must be kept with the patient's record. The following forms can be submitted through the Infocrossing Internet Service:

Sterilization Consent,
Second Surgical Opinion,
PI 118 Referral (Lock-In),
Acknowledgment of Receipt of Hysterectomy Information,
Certificate of Medical Necessity, and
Invoice of Cost.

MO HEALTHNET PROVIDER MANUALS AND BULLETINS ON-LINE

www.dss.mo.gov/mhd/providers/index.htm

MO HealthNet provider bulletins are available on-line at the MHD Web site: <http://www.dss.mo.gov/mhd/providers/index.htm>. The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. To access the bulletins, click on the "Provider Bulletin" link on the Provider Participation page. The bulletins appear on-line at the locations until the provider manuals are updated with the information contained in the bulletins. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

MO HealthNet provider manuals are also available on-line at the MHD Web site above. Click on the "Provider Manuals" link. The next page displays a State of Missouri MO HealthNet Web portal page with an alphabetical listing of all MO HealthNet provider manuals. Click on the appropriate manual and when the manual opens choose the section to be viewed. The entire section, portions of a section, or current page may be printed using the print feature on the computer toolbar.

CLAIM AND ATTACHMENT MAILING ADDRESSES

MO HealthNet paper claims and attachments must be sent to the following address:

Infocrossing Healthcare Services, Inc.
P.O. Box (select the appropriate PO Box from the following list)
Jefferson City, MO 65102

P.O. Box 5100	Inpatient hospital claims
P.O. Box 5200	Outpatient hospital, rural health clinic, hospice, and home health
P.O. Box 5300	Dental Claims
P.O. Box 5500	Provider Communications (for claim inquiries only)
P.O. Box 5600	Medical, mental health, optical, durable medical equipment, therapy (speech, occupational and physical), private duty nursing, personal Care, adult day care, hearing aid, homemaker/chore claims and Ambulance
P.O. Box 5700	Prior Authorization requests
P.O. Box 5900	Attachments (Second Surgical Opinion form, Sterilization Consent Form, Acknowledgement of Hysterectomy Information form, Program Integrity 118 Referral (Lock-In) form, Oxygen and Respiratory Equipment Medical Justification and Certificate

Infocrossing's physical address is: Infocrossing Healthcare Services, Inc.
905 Weathered Rock Road
Jefferson City, MO 65101

CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2009

Cycle Run/Remittance Date*

Friday, June 20, 2008
 Friday, July 11, 2008
 Friday, July 25, 2008
 Friday, August 8, 2008
 Friday, August 22, 2008
 Friday, September 5, 2008
 Friday, September 19, 2008
 Friday, October 10, 2008
 Friday, October 24, 2008
 Friday, November 7, 2008
 Friday, November 21, 2008
 Friday, December 5, 2008
 Friday, December 19, 2008
 Friday, January 9, 2009
 Friday, January 23, 2009
 Friday, February 6, 2009
 Friday, February 20, 2009
 Friday, March 6, 2009
 Friday, March 20, 2009
 Friday, April 10, 2009
 Friday, April 24, 2009
 Friday, May 8, 2009
 Friday, May 22, 2009
 Friday, June 5, 2009

Check Date

Monday, July 7, 2008
 Monday, July 21, 2008
 Tuesday, August 5, 2008
 Wednesday, August 20, 2008
 Monday, September 8, 2008
 Monday, September 22, 2008
 Monday, October 6, 2008
 Monday, October 20, 2008
 Wednesday, November 5, 2008
 Thursday, November 20, 2008
 Friday, December 5, 2008
 Monday, December 22, 2008
 Monday, January 5, 2009
 Tuesday, January 20, 2009
 Thursday, February 5, 2009
 Friday, February 20, 2009
 Thursday, March 5, 2009
 Friday, March 20, 2009
 Monday, April 6, 2009
 Monday, April 20, 2009
 Tuesday, May 5, 2009
 Wednesday, May 20, 2009
 Friday, June 5, 2009
 Monday, June 22, 2009

*The Cycle Run Dates are tentative dates calculated by MO HealthNet. The dates are subject to change without prior notification.

*All claims submitted electronically, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

State Holidays

July 4, 2008 Independence Day
 September 1, 2008 Labor Day
 October 13, 2008 Columbus Day
 November 11, 2008 Veteran's Day
 November 27, 2008 Thanksgiving
 December 25, 2008 Christmas

January 1, 2009 New Year's Day
 January 19, 2009 Martin Luther King's Birth day
 February 12, 2009 Lincoln's Birthday
 February 16, 2009 Washington's Birthday
 May 8, 2009 Truman's Birthday
 May 25, 2009 Memorial Day